

JUN 16 2005

3953

PTO/BB/97 (12-97)

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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In re: **Blake Earl Hayward**
Case: **P3953** Application No.: **09/661,589** Filing date: **09/14/2000**
Art Unit: **2155** Examiner: **Benjamin R. Bruckart**
Subject: **Network-Based Verification and Fraud-Prevention System**

Certificate of Transmission under 37 CFR 1.8Attention: **Benjamin R. Bruckart, Examiner**Fax No.: **(703) 872-9306**I hereby certify that this correspondence is being facsimile transmitted to the
Patent and Trademark Officeon 06/16/2005

Date


SignatureSheri Beasley

Typed or printed name of person signing Certificate

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CASE DOCKET NO. P3953

In reference to application of Blake Earl Hayward

Serial No. 09/661,589

For Network-Based Verification and Fraud-Prevention System

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
☒ Applicant claims Small entity status under 37 CFR 1.27.
☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****							
(1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	10	Minus	** 28	0	\$ 25	\$ 50	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 100	\$ 200	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of 0.00 is attached.☐ Charge \$ 0.00 to deposit account 50-0534. (A duplicate of this sheet is enclosed)☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this sheet is enclosed.

Respectfully Submitted,


 Donald R. Boys
 Reg. No. 35074

 Central Coast Patent Agency, Inc.
 P.O. Box 187
 Aromas, CA 95004
 (831) 726-1457

Method of Transmission: Facsimile

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Filed: 9/14/2000
Subject: Network-Based Verification and Fraud-Prevention
System

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

Response E